

ASSEMBLY BILL

No. 1703

Introduced by Assembly Member Hall
(Principal coauthor: Senator Beall)

February 13, 2014

An act to amend Section 12300 of the Welfare and Institutions Code, relating to public social services.

LEGISLATIVE COUNSEL'S DIGEST

AB 1703, as introduced, Hall. In-home supportive services: reading services for blind and visually impaired recipients.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions.

Existing law provides for the county-administered In-Home Supportive Services (IHSS) program, under which, either through employment by the recipient, or by or through contract by the county, qualified aged, blind, and disabled persons receive services enabling them to remain in their own homes. Under existing law, county welfare departments are required to provide visually impaired applicants and recipients with information on, and referral services to, entities that provide reading services to visually impaired persons. Existing law defines "supportive services" for purposes of the IHSS program.

This bill would include within the definition of supportive services designated reading assistance services to a recipient of services under the IHSS program who is blind or visually impaired, or who has another disability that affects his or her ability to read. By expanding the scope

of available services under the IHSS program, this bill would impose a state-mandated local program.

The bill would also require the Director of Health Care Services to seek any federal approvals necessary to ensure that Medicaid funds may be used in implementing this provision.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 12300 of the Welfare and Institutions
- 2 Code is amended to read:
- 3 12300. (a) The purpose of this article is to provide in every
- 4 county in a manner consistent with this chapter and the annual
- 5 Budget Act those supportive services identified in this section to
- 6 aged, blind, or disabled persons, as defined under this chapter,
- 7 who are unable to perform the services themselves and who cannot
- 8 safely remain in their homes or abodes of their own choosing unless
- 9 these services are provided.
- 10 (b) Supportive services shall include domestic services and
- 11 services related to domestic services, heavy cleaning, personal
- 12 care services, accompaniment by a provider when needed during
- 13 necessary travel to health-related appointments or to alternative
- 14 resource sites, yard hazard abatement, protective supervision,
- 15 teaching and demonstration directed at reducing the need for other
- 16 supportive services, and paramedical services ~~which~~ *that* make it
- 17 possible for the recipient to establish and maintain an independent
- 18 ~~living arrangement.~~ *arrangement, and assistance in reading and*
- 19 *completing financial and other documents for a recipient who is*
- 20 *blind or visually impaired, or who has another disability that*
- 21 *affects his or her ability to read.*
- 22 (c) Personal care services shall mean all of the following:
- 23 (1) Assistance with ambulation.

- 1 (2) Bathing, oral hygiene, and grooming.
- 2 (3) Dressing.
- 3 (4) Care and assistance with prosthetic devices.
- 4 (5) Bowel, bladder, and menstrual care.
- 5 (6) Repositioning, skin care, range of motion exercises, and
- 6 transfers.
- 7 (7) Feeding and assurance of adequate fluid intake.
- 8 (8) Respiration.
- 9 (9) Assistance with self-administration of medications.

10 (d) Personal care services are available if these services are
11 provided in the beneficiary's home and other locations as may be
12 authorized by the director. Among the locations that may be
13 authorized by the director under this paragraph is the recipient's
14 place of employment if all of the following conditions are met:

15 (1) The personal care services are limited to those that are
16 currently authorized for a recipient in the recipient's home and
17 those services are to be utilized by the recipient at the recipient's
18 place of employment to enable the recipient to obtain, retain, or
19 return to work. Authorized services utilized by the recipient at the
20 recipient's place of employment shall be services that are relevant
21 and necessary in supporting and maintaining employment.
22 However, workplace services shall not be used to supplant any
23 reasonable accommodations required of an employer by the
24 Americans with Disabilities Act (42 U.S.C. Sec. 12101 et seq.;
25 ADA) or other legal entitlements or third-party obligations.

26 (2) The provision of personal care services at the recipient's
27 place of employment shall be authorized only to the extent that
28 the total hours utilized at the workplace are within the total personal
29 care services hours authorized for the recipient in the home.
30 Additional personal care services hours may not be authorized in
31 connection with a recipient's employment.

32 (e) ~~Where~~ When supportive services are provided by a person
33 having the legal duty pursuant to the Family Code to provide for
34 the care of his or her child who is the recipient, the provider of
35 supportive services shall receive remuneration for the services
36 only when the provider leaves full-time employment or is prevented
37 from obtaining full-time employment because no other suitable
38 provider is available and ~~where~~ when the inability of the provider
39 to provide supportive services may result in inappropriate
40 placement or inadequate care.

1 These providers shall be paid only for the following:

2 (1) Services related to domestic services.

3 (2) Personal care services.

4 (3) Accompaniment by a provider when needed during necessary
5 travel to health-related appointments or to alternative resource
6 sites.

7 (4) Protective supervision only as needed because of the
8 functional limitations of the child.

9 (5) Paramedical services.

10 (f) To encourage maximum voluntary services, so as to reduce
11 governmental costs, respite care shall also be provided. Respite
12 care is temporary or periodic service for eligible recipients to
13 relieve persons who are providing care without compensation.

14 (g) A person who is eligible to receive a service or services
15 under an approved federal waiver authorized pursuant to Section
16 14132.951, or a person who is eligible to receive a service or
17 services authorized pursuant to Section 14132.95, shall not be
18 eligible to receive the same service or services pursuant to this
19 article. In the event that the waiver authorized pursuant to Section
20 14132.951, as approved by the federal government, does not extend
21 eligibility to all persons otherwise eligible for services under this
22 article, or does not cover a service or particular services, or does
23 not cover the scope of a service that a person would otherwise be
24 eligible to receive under this article, those persons who are not
25 eligible for services, or for a particular service under the waiver
26 or Section 14132.95 shall be eligible for services under this article.

27 (h) (1) All services provided pursuant to this article shall be
28 equal in amount, scope, and duration to the same services provided
29 pursuant to Section 14132.95, including any adjustments that may
30 be made to those services pursuant to subdivision (e) of Section
31 14132.95.

32 (2) Notwithstanding any other provision of this article, the rate
33 of reimbursement for in-home supportive services provided through
34 any mode of service shall not exceed the rate of reimbursement
35 established under subdivision (j) of Section 14132.95 for the same
36 mode of service unless otherwise provided in the annual Budget
37 Act.

38 (3) The maximum number of hours available under Section
39 14132.95, Section 14132.951, and this section, combined, shall
40 be 283 hours per month. Any recipient of services under this article

1 shall receive no more than the applicable maximum specified in
2 Section 12303.4.

3 *(i) The Director of Health Care Services shall seek any federal*
4 *approvals necessary to ensure that Medicaid funds may be used*
5 *in implementing the amendments to this section made by the act*
6 *adding this subdivision.*

7 SEC. 2. If the Commission on State Mandates determines that
8 this act contains costs mandated by the state, reimbursement to
9 local agencies and school districts for those costs shall be made
10 pursuant to Part 7 (commencing with Section 17500) of Division
11 4 of Title 2 of the Government Code.